

Cyprus Thompson Creek

Post Office Box 755
Challis, Idaho 83226
Telephone (208) 879-4327

November 13, 1985

Chief, Water Compliance Section
EPA, Region X, Mail Stop 513
1200 Sixth Avenue
Seattle, Washington 98101

Reference: Cyprus Thompson Creek Mining Company
Permit #ID-002540-2

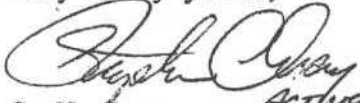
Subject: NPDES Discharge Monitoring Report for October 1985

Dear Sir or Madam:

Enclosed are the discharge monitoring reports for source points 001 and 002 on the Cyprus Thompson Creek Project for the month of October, 1985.

If you have any questions, please advise.

Very truly yours,


C. W. Reno
General Manager

CWR:EM:rk/d

Enclosures

cc: Idaho Dept. of Health & Welfare, Boise Office
File: P-12-e

CYPRUS

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

NAME CYPRUS THOMPSON CREEK MINES
ADDRESS P. O. BOX 62
CLAYTON ID 83617

100025402
PERMIT NUMBER

002 A
DISCHARGE NUMBER

WISCHAPPE TO PAT HUGHES

FACILITY
LOCATION

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	85	10	01		85	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MAJOR (SUBP 03)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.9	*****	8.1		0		
00400 1 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	5.5 MINIMUM	*****	9.0 MAXIMUM	5"		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	7.0	9.0		0		
00530 1 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	*****	20 DAILY AV	30 DAILY MAX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.007	0.013		*****	*****	*****		0		
50050 1 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		DAILY	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
C. W. Reno
General Manager
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
208	838-2200	85	11	12
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM IN OTHER THAN TRACE AMOUNTS.

NAME CYPRUS THOMPSON FIVE NINE
ADDRESS P. O. BOX 62
CLAYTON 10 1 227

(2-16) 100025402
PERMIT NUMBER
(17-19) 001 A
DISCHARGE NUMBER

DISCHARGE TO WICKS

FACILITY _____
LOCATION _____
ATTN: W. D. MARTIN, GENL MGR

MONITORING PERIOD
FROM YEAR 84 MO 1 DAY 01 TO YEAR 85 MO 10 DAY 30
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****			*****				
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	5.5 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	NO DISCHARGE				
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	20 DAILY	30 DAILY		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NO DISCHARGE			*****	*****	*****			
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****		DAILY	
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
C. W. Reno General Manager						
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NO DISCHARGE